PTO/SB/22 (04-07)

(Fees pursuant to the Cons					
	PRINTER CAPABLE OF NETWORK CONNECTION AND MET		Filed March 16, 2004 HOD FOR CONTROLLING SAID PRI		
Art Unit 2625			Examiner	S. Schl	
This is a request under the identified application.	provisions of 37 CFR 1.	136(a) to extend the	period for filing a re	eply in the a	bove
The requested extension a	nd fee are as follows (ch	eck time period desi	red and enter the a	ppropriate f	ee bel
		<u>Fee</u>	Small Entity Fe	<u>e</u>	
One month (3	7 CFR 1.17(a)(1))	\$120	\$60	\$	
X Two months (3	37 CFR 1.17(a)(2))	\$450	\$225	\$	450
Three months	(37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (3	37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
	unt of the fee is enclosed ard. Form PTO-2038 is				
X Payment by credit of The Director has all X The Director is here Deposit Account Nu	eard. Form PTO-2038 is ready been authorized to be authorized to charge	attached.	be required, or crea	dit any over	payme
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PTO/SB/17 (05-07)
Approved for use through 05/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

4/	respond to a collection of information unless it displays a valid OMB control number. Complete if Known										
Effective on 12/08/2 Fees pursuant to the Consolidated Appropr	Application Number 10/801,619-Conf. #2914										
FEE TRANSI			March 16, 2004								
			Toshihiro Shima								
For FY 20			S. Schlack								
Applicant claims small entity statu			2625								
TOTAL AMOUNT OF PAYMENT			04783/012002								
TOTAL AMOUNT OF PAYMENT (\$) 450.00 Attorney Docket No. 04783/012002 METHOD OF PAYMENT (check all that apply)											
Check x Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated	below	Charge	e fee(s) indic	cated below, ex	cept for th	e filing fee					
Charge any additional for	ee(s) or underpayments o	f Credit	any overnav	/mente							
fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES											
	Small Entity	Small Entity		Small Entity							
Application Type Fee (\$)			Fee (\$)	Fee (\$)	Fees P	<u>aid (\$)</u>					
Utility 300	150 500	250	200	100							
Design 200	100 100		130	65							
Plant 200	100 300		160	80							
Reissue 300	150 500	250	600	300							
Provisional 200	100 0	0	0	0							
2. EXCESS CLAIM FEES Small Entity Foo (\$)											
Fee Description Each claim over 20 (including Reissi	,ac)				Fee (\$)	Fee (\$)					
Each independent claim over 3 (including Reissues)					50	25					
Multiple dependent claims				200 360	100 180						
Total Claims Extra Claims	Paid (\$)	M	tiple Depende		100						
			Fee (\$)			Fee Paid (\$)					
HP = highest number of total claims paid for,			100	767 -	ce i dia (¢	•					
Indep. Claims Extra Claims		Paid (\$)				_					
2 -3 = x = HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
- 100 = /50 = (round up to a whole number) x =											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00											
SUBMITTED BY				<u> </u>							
Signature		Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600						
Name (Print/Type) Jonathan P. Osha Date June 20, 2007											